

**INSTRUCTIONS FOR FORM CA 800 FC NONFED  
SUMMARY REPORT OF EXPENDITURES  
FOSTER CARE NONFED**

**General Information**

1. Enter county name and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

**Current Month**

4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary.  
For non-integrated payrolls, enter the grand totals shown for each payroll
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

**Prior Month Negatives**

**For each column:**

6. Lines 7 through 9: Enter the amounts shown on the integrated payroll summary.  
For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

**Prior Month Positives**

8. Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.

**Total**

9. Line 12: Total Payments, current and prior months (Lines 6+10+11). This amount will calculate automatically.

**Summary by Funding**

10. Lines 13 and 14 summarize total aid payments by funding sources. The county 2011 and county shares will calculate automatically at the appropriate rates
11. Line 13: County 2011 Share: Line 12 x 40 percent
12. Line 14: County Share: Line 12 x 60 percent

**Transition Housing Placement Program (THPP)**

13. Line 15: Enter the total THPP rate increase paid.
14. Line 16: County 2011 Share: Line 15 x 40 percent
15. Line 17: County Share: Line 15 x 60 percent

**Supplemental Clothing Allowance**

16. Line 18: Enter the SCA expenditures from county payroll records or other automated payroll system.

**REMINDER:** SCA expenditures must be excluded from the main payroll amount which is entered on Line 1. Funding is 100% County 2011

**Funeral Costs**

17. Line 19: To be used for claiming funeral costs for foster care children in accordance with Manual of Policies and Procedures (MPP) Section 11-420.2 (see also MPP 25-753). Required detailed support: Aid payroll, contra-roll or equivalent form. Funding is 100 percent state.

**Educational Travel Reimbursement (ETR)**

18. Line 20: To be used for claiming ETR to the county. Please refer to Education Code section 56040, Chapter 34 Code of Federal regulations (CFR) 300.24 and 34 CFR 300. Funding is 40 percent county 2011 and 60 percent county.

**Totals**

19. Line 21: Grand total of aid payments, THPP, SCA, Funeral and ETR Costs (Lines 12+15+19+20).

**Persons Count**

20. Line 22: Enter persons count for each program.

**Summary by Program**

21. Lines 23 through 29: The state, county 2011 and county shares will calculate automatically by program.